

MENTAL HEALTH AND ADDICTION EQUITY ACT OF 2007 H.R. 1424

SUMMARY

- Requires group health plans that currently offer coverage for mental health and substance-use disorders to provide those benefits in the same manner as benefits provided to all other medical and surgical procedures covered under the plan.
- Prohibits group health plans from imposing discriminatory annual/lifetime dollar limits, copays and deductibles, or day and visit limits unless similar limitations or requirements are imposed for other medical and surgical benefits

KEY PROVISIONS OF H.R. 1424

H.R. 1424 was introduced in the U.S. Congress on March 6, 2007 by Representatives Patrick Kennedy (D-RI), Jim Ramstad (R-MN) and 254 other Members of the House of Representatives.

KEY PROVISIONS	H.R. 1424
Elimination of Discriminatory Annual/Lifetime Dollar Limits, Copays and Deductibles, Day or Visit Limits	Provides for parity in mental health and substance use disorder benefits by prohibiting group health plans from imposing discriminatory annual/lifetime dollar limits, copays and deductibles, or day and visit limits unless similar limitations or requirements are imposed for other medical and surgical benefits
Covered Conditions	Benefit coverage applies to all mental illnesses and substance use disorders covered under the Federal Employee Health Benefits Program.
Out-of-Network Coverage	Provides out-of-network benefits for addiction treatment if out-of-network benefits are provided for other surgical and medical conditions
Availability of Plan Information	Plans are required to provide information upon request to the beneficiary about medical necessity criteria used to determine coverage Allows plans to use their own medical management and utilization review criteria.
Preemption	Protects state laws that provide greater consumer protections, benefits, methods of access to benefits, rights or remedies.
Enforcement	Employers will be fined \$100 per day per beneficiary for non-compliance with the Act.
Exemption	Companies that employ over 50 people or whose premiums increase more than 2% in the first year and 1% thereafter are exempt from provisions in the bill
Studies	The bill requires the General Accountability Office to study bill's impact on health care costs, access to coverage including through the use of medical management techniques, quality of care, government spending on mental health and addiction treatment and other public services. The Act also requires a biannual assessment of obstacles beneficiaries face in obtaining appropriate care under their health plans and the availability and use of uniform patient placement criteria.